

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 168

1. PLACE OF DEATH:

County Garrett
 City or town Gormanig - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 1/2 days
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Gormanig WVa - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Alt house Hill
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3.(a) FULL NAME

Baby Rose Marie Deal Bolyard

3.(b) Social Security Number

4. Sex

Female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

6.(c) If alive, give age

7. Birth date of deceased (mo., day, yr.)

August 3 1948

8. AGE:

Years

Months

Days

If less than one day

1 1/2

hrs.

min.

9. Birthplace

Garrett

(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

MOTHER FATHER

12. Name

Harry Bolyard

13. Birthplace

Terra Alta. WVa

14. Maiden name

Elsie May Deal

15. Birthplace

Garrett Co. Md.

16. Informant

Mrs. Lucille Reall

Address

Gormanig, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Aug. 6/48

Cemetery or crematory

Fairview Cemetery

Location

Near Table Rock, Md.

18. Funeral director

Emory D. Bolden

Address

Oakland, Md.

19.

(Date rec'd by registrar)

19

48

Elmer C. Shaffer

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 19 48 at 6:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 3 19 48 to Aug. 5 19 48and that I last saw her alive on Aug. 5 19 48

Immediate cause of death

Asphyxia Neonatorum

DURATION

Due to

Congenital Heart

Due to

Gormanig

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

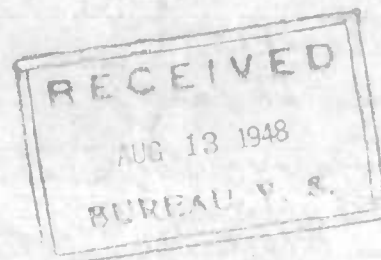
Injured at work?

23. SIGNATURE

W. P. Jamieson M.D.

M. D. or other

Address Oakland Md Rt #2 Date signed 8/5/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 171

08404

1. PLACE OF DEATH:

County Garrett
 City or town Rural - Bittering, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Rural - Bittering, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Sara Elizabeth Brenneman

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Samuel Brenneman 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Nov. 29, 1867
 8. AGE: Years 80 Months 8 Days 4 If less than one day _____ hrs. _____ min.
 9. Birthplace RFD Grantsville-Garrett, Maryland
 (Town, county, and state)
 10. Usual occupation Housework

11. Industry or business None
 12. Name William Jenkins
 13. Birthplace Virginia - Town now known
 14. Maiden name Louise Durst
 15. Birthplace New Germany, Md.

16. Informant Robert Glatfelty
 Address Bittering, Md.
 17. Burial Date thereof Aug. 4, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Glades Menonite
 Location Bittering, Md.

18. Funeral director Wm Winterberg
 Address Grantsville, Md

19. Aug. 4 1948 J. B. Emery
 (Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1, 1948, at 7: P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 26, 1946 to August 1, 1948
 and that I last saw her alive on May 29, 1948

Immediate cause of death Coronary Heart Disease DURATION _____
arteriosclerosis
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Dr. Wm Winterberg M. D. or other _____
Orlando, Md Date signed Aug. 4, 1948
 Address _____

RECEIVED

AUG 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:
County Garrett
City or town near Friendsville, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: home
Stay in hospital or inst. (yrs., or mos., or days) 0
Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town rural near Friendsville, Md.
(If outside city or town limits, write RURAL NEAR and give town) Ward No.
Street No. Near Friendsville, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ollie Friend

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Darl Friend
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 6 - 1884
8. AGE: Years 64 Months 5 Days 23 If less than one day hrs. min.

9. Birthplace Ind. near Mba
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name Allen Kuba

13. Birthplace England

14. Maiden name Van Sickle

15. Birthplace Md.

16. Informant Chas A. Bk

Address Friendsville, Md.

17. (Burial, cremation, or removal, Which?) Date thereof Aug 31 - 48
(month) (day) (year)

Cemetery or crematory Friendsville, Md.

Location Friendsville, Md.

18. Funeral director H. H. Scroggins

Address Friendsville, Md.

19. Aug 31 19 48 Kathryn Fike, Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 29 19 48, at 2 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 25 19 48 Aug. 29 19 48

and that I last saw him/her alive on Aug. 28, 1948

Immediate cause of death Cerebral Hemorrhage

DURATION 3 days

Due to Hypertension, ?

Due to Cardio Vascular renal

disease ?

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. J. Gray, M.D.

Address Friendsville, Maryland M. D. or other

Date signed 8-30-48

MARGIN RESERVED FOR BINDING

VS A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 167

1. PLACE OF DEATH:

County GarretCity or town Gorman, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarretCity or town Rural Near Bayard W. Va. Gorman
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Bertha Susan Hanlin

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife William T. Hanlin7. Birth date of deceased (mo., day, yr.) Nov. 3rd. 18896. (c) If alive, give age. 63 years8. AGE: Years Months Days If less than one day
58 9 16 hrs. min.9. Birthplace Grant Co. W. Va.
(Town, county, and state)

10. Usual occupation

11. Industry or business Housewife12. Name Martin Becker13. Birthplace Maysville, W. Va.14. Maiden name Lyda Murphy15. Birthplace Mineral Co. W. Va.16. Informant William T. HanlinAddress Bayard, W. Va.17. Burial Date thereof Aug. 22 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Bayard,Location Bayard, W. Va.18. Funeral director Rogers Funeral HomeAddress 85 S. Main St. Keyser, W. Va.19. 8/22/48 Elmer Shaffer Registrar
(Date rec'd by registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 19th. 1948 at 4.15A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 13 1948 to August 18 1948and that I last saw him alive on August 18 1948Immediate cause of death Cerebral accident and Uremia

DURATION

10 daysDue to Hypertension ?Due to Acute and Chronic Nephritis 10 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

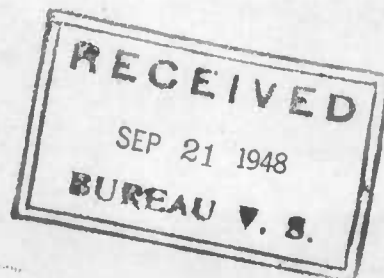
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. P. Jamison M.D.

M. D. or other

Address Bayard W. Va. Date signed 8/20/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Rural Mt. Lake Park
 (If outside city or town limits, write RURAL and give nearest town)
2 years
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Mark Moon; farm, making hay
 How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Rural - Mt. Lake Park
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1 1/2 Mi. N. Mt. Lake Park
 (If rural, give LOCATION)

 2.(a) If veteran, name war -----

3. (a) FULL NAME

Asa Garfield Moon

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Ada Baltz Moon
 6.(c) If alive, give age 65 years
 7. Birth date of deceased (mo., day, yr.) November 1, 1880
 8. AGE: Years 67 Months 9 Days 2 If less than one day
hrs. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2, 1948 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from examined after death
 and that I last saw him alive on 1948

Immediate cause of death fractured Cervical Vertebrae DURATION -----

Due to -----Due to -----Other conditions -----

(Include pregnancy within 3 months of death)

Major findings of operations -----Date of op. -----Autopsy results -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident date of Aug 2-1948
 Where did injury occur? near Mt Lake Park Garrett Md
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) FarmMeans of injury fall off hog rack Injured at work? YesSignature E. J. Bauman M.D. Seals Med.23. SIGNATURE Oakland Md M. D. or other 8/5/48Date signed 8/5/48

9. Birthplace Garrett Co., Md.
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business Own Farm
 12. Name Abraham Moon
 13. Birthplace Garrett Co., Md.
 14. Maiden name Penelope Hendrickson
 15. Birthplace Grant Co., W. Va.
 16. Informant Mrs. Asa G. Moon
 Address Deer Park, Md.
 17. Burial Burial Date thereof Aug. 5, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Oakland Cemetery
 Location Oakland Md
 18. Funeral director Verheist P. Leighton
 Address Oakland, Md.
 19. August 5, 1948 Julia A. Brown
 (Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 12 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

08408

166

1. PLACE OF DEATH:

County GarrettCity or town Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 Years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town O kland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John Harrison Reynolds. Jr.

3. (b) Social Security Number

218-01-9670

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married.6.(b) Name of husband or wife Helen Reynolds.6.(c) If alive, give age 39 years7. Birth date of deceased (mo., day, yr.) October 28th, 1908.8. AGE: Years 39 Months 9 Days 20 If less than one day
.....hrs.min.9. Birthplace Idaho.
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name John Harrison Reynolds, Sr.13. Birthplace Idaho.14. Maiden name Elizabeth Thompson.15. Birthplace Baltimore, Maryland.16. Informant Mrs. John H Reynolds, Jr.Address Oakland, Maryland.17. Burial Date thereof Aug. 20th/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Oakland Cemetery.Location Oakland, Maryland.18. Funeral director Emory D. BoldenAddress Oakland, Md.19. Aug 28 19 48 Julius A Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH August 17th, 1948 19..... at 6:00 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
17 Aug 48 19..... to 17 Aug 48 19.....
and that I last saw him alive on 17 Aug 19.....Immediate cause of death Cerebral Heart Disease

DURATION

Due to.....

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

23. SIGNATURE A.S. Mauer M. D. or otherAddress Oakland Md Date signed 20 Aug 48

MARGIN RESERVED FOR BINDING

9-45-5M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR

FROM: SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

100-100000

[Illegible]

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AUG 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH:

County Garrett
 City or town Kitzmiller
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1902 (since then)
 Hospital, institution, or street address where death occurred:
Home- Kitzmiller W. Main St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Kitzmiller
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. W. Main St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Emma Anita Ridder

3. (b) Social Security Number

213-01-5047

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced
 6. (b) Name of husband or wife Amos Elmer Ridder
 6. (c) If alive, give age ? years
 7. Birth date of deceased (mo., day, yr.) August 13, 1879
 8. AGE: Years 68 Months 11 Days 26 If less than one day hrs. min.
 9. Birthplace Elk Garden, W. Va. Mineral Co.
 (town, county, and state)
 10. Usual occupation Housewife and clerk
Home, Store
 11. Industry or business
 FATHER 12. Name Joseph Pritts
 13. Birthplace Garrett Co., Md.
 MOTHER 14. Maiden name Anna May Fredlock
 15. Birthplace Garrett Co., Md.

16. Informant Gary Ridder (son)
 Address Kitzmiller, Md.
Burial Date thereof Aug. 12, 1948
 (Burial, cremation, or removal, which) (month) (day) (year)
Nethken Hill Cemetery
 Cemetery or crematory
 Location Elk Garden, W. Va.
Otha F. Sharpless
 18. Funeral director
 Address Blaine, W. Va.
 19. Aug 10 19 48 AWB
 (Date read by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH 9 August 19 48 at 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15 July 1948 19 48 to 9 August 19 48 and that I last saw him/her alive on 9 August 19 48

Immediate cause of death Carcinoma of Stomach with Metastases
 DURATION Unknown

Due to
 Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations As noted above Date of op.

Autopsy results None done
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Thomas D. Lash M.D.
Oakland, Md. M.D. or other
 Address Date signed 9 Aug 48

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NOV 20 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett
City or town Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland. County Garrett
City or town Oakland, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Etta DeWitt Spiker.

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow.

6. (b) Name of husband or wife Erisal Spiker.
Deceased 6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24th, 1867

8. AGE: Years 81 Months 4 Days If less than one day hrs. min.

9. Birthplace Hoyes, Maryland.
(Town, county, and state)

10. Usual occupation Retired School Teacher.

11. Industry or business

12. Name Archibald DeWitt.

13. Birthplace Garrett County.

14. Maiden name Ellen Chambers.

15. Birthplace Garrett County.

16. Informant Mrs. Raymond Sines.

Address Oakland, Maryland.

17. Burial Date thereof August 25/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bray Cemetery

Location Garrett County, Md.

18. Funeral director Emory D. Bolden,

Address Oakland, Md.

19. Aug. 25/48 Julius K. Swan
(Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH August 22d, 19 48, at 7:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16th 19 48 to August 22nd 19 48 and that I last saw him alive on one July 16th 19 48.

Immediate cause of death Chronic Cardiac Heart disease

Due to Senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James M. G. M.D. or other

Address Oakland Date signed 10/1

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08405

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RECEIVED

AUG 30 1948

BUREAU V. 5.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08410

Reg. Dist. No. 162

1. PLACE OF DEATH:

County Garett
 City or town Grantsville Md
 (If outside city or town limits, write RURAL and give nearest town)
8 Years
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Garett
 City or town Grantsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Miles Claton Thompson

3. (b) Social Security Number

I93-09-I94I

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Alice Thompson
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) June 22- I875
 8. AGE: Years 73 Months 2 Days 24 If less than one day _____ hrs. _____ min.

9. Birthplace Cherry Tree Pa
 (Town, county, and state)
 10. Usual occupation Retired Coal Minor
 11. Industry or business _____
 12. Name Thomas W. Thompson
 13. Birthplace Cherry Tree Pa
 14. Maiden name Harriet Eisenhower
 15. Birthplace Cherry Tree Pa

16. Informant Mrs Iva Edwards
 Address Grantsville Md
 17. Burial Date thereof 8-19-1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Brownsville
 Location Brownsville Pa
 18. Funeral director Wm Winterberg
 Address Grantsville Md
 19. Aug 18 19 48 Ethel Brown
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 16 19 48 at 10 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 19 48 to Aug 16 19 48
 and that I last saw him alive on Aug 17 19 48
 Immediate cause of death Ischemic Myocarditis DURATION 1 yr

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE N. P. Davis M.D. M. D. or other
 Address Grantsville Md Date signed Aug 18 48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08411

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Oakland, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland. County Garrett
 City or town Oakland, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Dorris Clifford Updyke.

3. (b) Social Security Number

233-10-7691

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married.
 6. (b) Name of husband or wife Elizabeth Updyke.
 7. Birth date of deceased (mo., day, yr.) May 28th, 1908. 6. (c) If alive, give age 37 years
 8. AGE: Years 40 Months 2 Days 30 If less than one day _____ hrs. _____ min.

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH August 27th, 1948, at 2:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 26 Aug 48 to 27 Aug 48
 and that I last saw him alive on 27 Aug 48

Immediate cause of death
Acute coronary heart disease

DURATION

1/2 hour?

Due to _____

Due to _____

Other conditions chronic bronchitis

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE Thomas J. Gentry M.D.

M. D. or other _____

Address Oakland, Md. Date signed 28 Aug 48

9. Birthplace Stockport, Ohio
 (Town, county, and state)
 10. Usual occupation Business Manager.
 11. Industry or business _____
 12. Name John Henry Updyke.
 13. Birthplace Stockport, Ohio.
 14. Maiden name Bessie Van Dyke.
 15. Birthplace Procter, W. Va.
 16. Informant Mrs. Elizabeth Updyke.
 Address Oakland, Md.
 17. Burial Date thereof Aug 29/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Oakland Cemetery
 Location Oakland, Maryland.
 18. Funeral director Emory D. Boldey
 Address Oakland, Md.
 19. 7/28 48 Julia A. Brown
 (Date rec'd by registrar) Registrar



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

08412

166

1. PLACE OF DEATH:

County Garrett

City or town Rural - Mt. Lake Park

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 38 yrs.

Hospital, institution, or street address where death occurred: -----

How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Rural - Mt. Lake Park

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1 Mi. S. Mt. Lake Park

(If rural, give LOCATION)

2.(a) If veteran, name war -----

3. (a) FULL NAME

Hester Jane Lower White

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife John M. White

7. Birth date of deceased (mo., day, yr.) August 12, 1865

8. AGE: Years 83 Months --- Days 4 It less than one day hrs. min.

9. Birthplace Garrett Co., Md. (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Own Home

12. Name Alexander Lower

13. Birthplace Garrett Co., Md.

14. Maiden name Huldah Harvey

15. Birthplace Garrett Co., Md.

16. Informant Hulda White

Address Mt. Lake Park, Md.

17. Burial Aug. 18, 1948

(Burial, cremation, or removal. Which?) Pleasant Valley Cemetery

Cemetery or crematory 2 Mi. S. Mt. Lake Park, Md.

Location Herbert C. Leighton

18. Funeral director Oakland, Maryland.

Address August 18, 1948

19. (Date rec'd by registrar) 1948

Registrar Julia A. Rowan

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15, 1948 at 10:00P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15 Aug 1948 to 15 Aug 1948

and that I last saw him alive on 15 Aug 1948

Immediate cause of death vascular accident? DURATION 19 hours

Due to Senility

Due to none

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations none Date of op. -----

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ----- Date of -----

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----

Manner of injury ----- Injured at work? -----

23. SIGNATURE Thomas D. Lushy M. D.

Oakland, Md. M. D. or other 18 Aug 48

Address ----- Date signed 18 Aug 48

MARGIN RESERVED FOR BINDING

VS A15

9:45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

08413

162

1. PLACE OF DEATH:

County Garett
 City or town Jennings Md
 (If outside city or town limits, write RURAL NEAR and give town)
 Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Garett
 City or town Jennings Ward No.
 (If outside city or town limits, write RURAL NEAR and give town)

Street No.
 (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Mary Ellen Wiley

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

April 7, 1899

8. AGE:

Years

Months

Days

If less than one day

49423

hrs.

min.

9. Birthplace

Jennings Garrett Co Md

(Town, county, and state)

10. Usual occupation

House Work

11. Industry or business

FATHER

12. Name James Wiley13. Birthplace Jennings Md

MOTHER

14. Maiden name Adeline Bowser15. Birthplace Accident Md

16. Informant

William WileyAddress Grantsville Md

17.

Burial

Date thereof

8-30-1948

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory

Grantsville

Location

Grantsville Md

18. Funeral director

Wm WintersburgAddress Grantsville Md

19.

Aug-30-1948 Ethel Broadwater

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

August 2819 48, at 9:20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1 19 48, to Aug 28 19 48,
 and that I last saw him alive on Aug 25 19 48.

Immediate cause of death

Barbiturate
left lung.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

DURATION

12 hr.

PHYSICIAN

Please underline
 the cause to which
 death should be
 charged statisti-
 cally.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. R. Davis M.D.
Grantsville Md

M. D. or other

Address Grantsville Md Date signed Aug 29

48

